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White- Office
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MICHIGAN DEPARTMENT OF AGRICULTURE
FOOD & DAIRY DIVISION
DAIRY SECTION
P.O. BOX 30017
LANSING, MI 48909

APPLICATION TO INSTALL

(In accordance with Act 266, PA 2001, or Act 267, PA 2001)

☐ Milk Pipeline ☐ New installation ☐ In-Line Sampler
☐ Farm Bulk Milk Tank ☐ Vacuum System ☐ Modification (Explain) _____

***NOTE: Any modification of the equipment must be reviewed by the Michigan Department of Agriculture.**

This application is required to be submitted to and reviewed by a Food and Dairy Division Inspector prior to work commencing on any new pipeline or bulk tank installation to an existing system. **Failure to submit this application for review may result in rejection of the system by the division and/or other penalties as stipulated in Act 266, PA 2001 or Act 267, PA 2001.**

CHECK APPROPRIATE AREA AND FILL IN CORRESPONDING INFORMATION. PLEASE ATTACH A LAYOUT OF MILK HANDLING EQUIPMENT.

Permit Number: _____ Date: _____
County Number _____
Township Number: _____
Section Number: _____

Producer Name: _____
Address: _____
City_____ State_____ Zip_____
Phone Number: _____

Pipeline Information

Parlor: _____ Stanchion: _____
Number of cows: _____
Pipeline make: _____
Material: _____ Length: _____
Pitch: _____ Inches/10 ft:_____
Diameter: _____
Slope: Single: _____ Double: _____
Receiver location: _____
Moisture trap location: _____
Weight jars: Type: _____
Size-gal: _____
Number of milking units: _____
Type of filter used: _____
Where is filter located: _____
Milk hoses self draining: ..... ☐ Yes ☐ No
Milk pump location: _____
Milk pump size: _____
Separate abnormal milk/unit: ..... ☐ Yes ☐ No
Shields on milk lines through walls: ..... ☐ Yes ☐ No
Old holes in walls plugged: ..... ☐ Yes ☐ No
Milk inlets in up direction: ..... ☐ Yes ☐ No
Milk line welded: ..... ☐ Yes ☐ No
Inspection port locations on each run: .... ☐ Yes ☐ No
Automatic takeoffs: _____ Type:_____
Back flush system: ..... ☐ Yes ☐ No

Cleaning Information

Washing equipment make: _____
Manual: ____ Automatic: ____ Gallons per cycle: _____
Cleaning program attached: ..... ☐ Yes ☐ No
Chemical addition type: _____
Chemical feed line/Non-corrosive: ..... ☐ Yes ☐ No
Disconnect for bulk line CIP chemicals: ..... ☐ Yes ☐ No
Jetter washer protection: ..... ☐ Yes ☐ No
Air injection location: _____
Pipeline CIP disconnect type: _____
CIP water supply line submerge: ..... ☐ Yes ☐ No
Wash vat type: _____
Number of wash vats: _____
Wash vat to be used as milk receiver: ..... ☐ Yes ☐ No
Water heater: Size (gal) _____
Type of water heater: Gas: _____ Electric: _____
Water use each cycle (gal):
1st _____ 2nd _____ 3rd _____
Temperature setting on water heater: _____
Temperature – each cycle:
1st _____ 2nd _____ 3rd _____
Preheater used:_____ Gal. _____
Number of additional water heaters: _____
Sizes: _____ Gallons: _____
Rinse recovery system used: ..... ☐ Yes ☐ No
Size: _____

Bulk Milk Tank Information

Distance from wall: _____
Bulk milk tank make: _____
New: _____ Used: _____ Size (gal.): _____
Automatic washer: Yes____ Type: _____
Manual wash: Yes ☐ No☐
Mechanical sanitation type: _____
Agitation time: _____
Recorder installed: Yes____ Type: _____

Deflector for bulk tank swing line:.....Yes ☐ No ☐

Raised edges on tank openings .....Yes ☐ No ☐

Compressor type: _____

Pre-Cooler Information

Pre-cooler : Yes ☐ No ☐
Pre-cooler type: _____
Pre-cooler location: _____
Pre-cooler capacity: _____

Plate cooler lines welded at cooler: Yes ☐ No ☐

Potable water used on cooler: Yes ☐ No ☐
Cooler water drains to where: _____
_____

Cooler water line submerged:.....Yes ☐ No ☐

Sweet/Glycol water tank lid tight:….. NA ☐ Yes ☐ No ☐

Hot water used in plate cooler during CIP to keep water hot:.....Yes ☐ No ☐

Glycol Type: _____

Vacuum System Information

Vacuum pump: _____ Type:_____
Size/hp: _____

New : ☐ Used: ☐
CFM capacity: _____
Vacuum regulator type: _____

Regulator location: _____
Pulsation line: _____ Size:_____
Length: _____
Vacuum tank size: _____
Type: _____

Milking Area Information

Style: _____
Building size: _____
Equipment manual provided for buyer and reviewed:

Yes ☐ No ☐
Gutter type:
_____

Gutters flushed with water: _____

Water for gutter submerged: Yes ☐ No ☐

In-Line Sampler

Pounds of milk/day direct loaded:_____
Sampling ratio:_____ mls or ozs/ _____lb or gal or L
Sample end volume desired _____ (max ¾ full)
Sample container of approved design Yes ☐No ☐
Sample container of approved material Yes☐No☐
Material type: _____
Sample container size: _____mls or ozs or gals or Ls
Number of milkings to fill tanker: _____
Sampler Make: _____
Sampler location:_____
Sample collection location:_____
Refrigerator (1) Size:_____ cu ft. (2) Size: _____cu ft.

All materials, approval for the installation plans, approval of the installation and all other relevant areas relating to the equipment construction and usage must meet the requirements of the most recent addition of the PMO, item 9r. Utensils and Equipment Construction.

Installer or representative (signature):	**Producer (owner or authorized representative) signature:**
Installer complete mailing address:	**MDA representative (signature):**
	Plans reviewed (date):
Date of completion:	**Final Inspection (date):**